|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL** | | | | | | |
| 1. CADET/APPLICANT NAME | | | | | 2. AFROTC DETACHMENT | |
| **MEDICAL AUTHORITY:** Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.  **AFROTC CADRE:** If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3. | | | | | | |
| 3. CADET/APPLICANT MEASUREMENTS | | | HEIGHT | | | WEIGHT |
| 4. AIR FORCE WEIGHT STANDARDS (found on reverse) | | | MINIMUM | | | MAXIMUM |
| 5. BODY FAT MEASUREMENT | 6. BODY FAT STANDARDS: FEMALE - 26%  MALE - 18% | | | 7. CHECK APPLICABLE BOX IS WITHIN AIR FORCE WEIGHT STANDARDS  EXCEEDS AIR FORCE WEIGHT STANDARDS IS BELOW AIR FORCE WEIGHT STANDARDS | | |
| 8. MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.  I, *(print name)* , HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED  HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS: | | | | | | |
| 9. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)  I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE  IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. (Medical Authority Initials) | | | | | | |
| 10. **(IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)**  I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. (Medical Authority Initials) | | | | | | |
| 11. **(FOR ALL CADETS/APPLICANTS)**  I **DID / DID NOT** (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN: | | | | | | |
| EXAMINATION DATE | | PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE | | | | |
|  | |  | | | | |
| **AFROTC CADRE:** REVIEW THE INFORMATION ENTERED ABOVE AND SIGN BELOW: | | | | | | |
| DATE | | AFROTC CADRE SIGNATURE | | | | |
|  | |  | | | | |

AFROTC FORM 28, 20180423 AFI 36-2905\_AFROTCSUP

ACCESSION HEIGHT AND WEIGHT STANDARDS & BODY FAT MEASUREMENT (BFM) STANDARDS

**(Per DoDI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures)***

|  |  |  |
| --- | --- | --- |
| HEIGHT (INCHES) | POUNDS | |
|  | MINIMUM (BMI = 19 kg/m) | MAXIMUM (BMI = 25.0 kg/m) |
| 58 | 91 | 119 |
| 59 | 94 | 124 |
| 60 | 97 | 128 |
| 61 | 100 | 132 |
| 62 | 104 | 136 |
| 63 | 107 | 141 |
| 64 | 110 | 145 |
| 65 | 114 | 150 |
| 66 | 117 | 155 |
| 67 | 121 | 159 |
| 68 | 125 | 164 |
| 69 | 128 | 169 |
| 70 | 132 | 174 |
| 71 | 136 | 179 |
| 72 | 140 | 184 |
| 73 | 144 | 189 |
| 74 | 148 | 194 |
| 75 | 152 | 200 |
| 76 | 156 | 205 |
| 77 | 160 | 210 |
| 78 | 164 | 216 |
| 79 | 168 | 221 |
| 80 | 173 | 227 |

**AFROTC FORM 28, 20180423 (BACK) AFI 36-2905\_AFROTCSUP**